Pilot projects show cancer treatment can be speeded up

Susan Mayor *London*

Pilot projects across the United Kingdom have shown that the diagnosis and treatment of cancer can be significantly speeded up, with some reporting a 50% reduction in time to first treatment.

The findings come from the Cancer Services Collaborative, a national programme aiming to improve the experience and outcomes of cancer care by optimising care delivery. It forms part of the NHS Cancer Plan—a national plan designed to improve cancer survival in the United Kingdom.

In a report published by the collaborative last week, results from the first 12 months showed that changes tested in pilot studies by 51 project teams across nine cancer networks had achieved significant reductions in waiting times for cancer tests and care.

By November 2000, more than 4400 changes in care delivery had been tested by project teams. Some of the improvements made by projects taking part in the programme included:

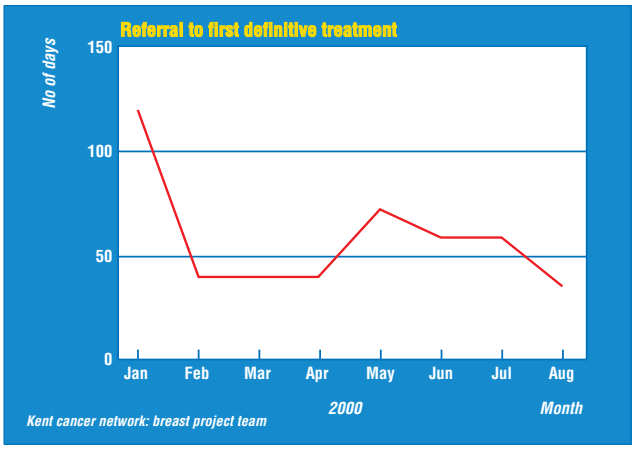
- Birmingham—waiting times for biopsy results for bowel cancer were reduced from up to eight weeks to a maximum of 14 days
- West London—patients with suspected prostate cancer used to have to make several visits to hospital for initial consultation and tests and to be given results. Clinical assessment and tests now take place on the same day, with results available the following week. The time taken to identify someone at high risk of having prostate cancer has fallen from six months to a maximum of 18 days
- Merseyside and Cheshire—patients seen in the outpatients department were previously told they would be sent an appointment for their first diagnostic test—bronchoscopy or computed tomography. They are now given an appointment before they leave outpatients, which has led to increased patient satisfaction
- Leicestershire—patients with bowel cancer used to have to make three separate visits to hospital for tests and to receive the results. This is now all achieved in a single visit
- South east London—people with lung cancer who needed palliative care often had long delays to receive it. They are now visited within 48 hours of being assessed in clinic by a palliative care nurse.

The collaborative started in November 1999 as a 16 month programme. The nine cancer networks taking part in the programme have undertaken individual projects designed to improve the experience and outcomes for patients with suspected or diagnosed cancer by optimising care delivery systems. Each network has carried out several projects focusing on patients with specific cancers. It is part of the implementation strategy of the NHS Cancer Plan.

The Cancer Services Collaborative has been the first national programme in the NHS to adopt a collaborative improvement methodology on a comprehensive basis. This means that project teams set specific aims for their projects and assess their progress each month.

The report authors noted: "The programme is characterised by a strong 'can do' mentality and a will for improvement which is delivering tangible changes and real improvements for people with cancer and their carers."

The changes achieving these improvements will be introduced in all cancer networks, starting in April 2001. □



Kent cancer network's breast project team—one of 51 teams involved in the cancer services collaboration—managed to reduce the time patients had to wait between being referred by a GP and receiving their first definitive treatment from about 17 weeks to less than seven weeks

The annual report of the Cancer Services Collaborative can be seen at www.nhs.uk/npat

Pen "amnesty" for doctors who shun drug companies

Gavin Yamey *BMJ*

No Free Lunch, a group of US healthcare providers who "believe that pharmaceutical promotion should not guide clinical practice" (www.nofreelunch.org), is to publicise a list of practitioners who have pledged to be "drug company free."

Doctors who sign up to the "drug free practitioners list" must pledge to be "free of company money and influence in their clinical practice, teaching, and research." They must also promise to practise medicine on the basis of the best available scientific evidence and in the best interest of their patients, rather than on the basis of advertising or promotion.

The idea for the list came from a group of patients in New York who had been given free drug samples by their doctors. These patients began to question why they were given samples, believing that it was part of a marketing strategy by the pharmaceutical industry.

In one recent study, doctors stated that they used free samples as a way of avoiding cost to patients who were uninsured (*Journal of General Internal Medicine* 2000;15:478-83). The availability of drug samples, however, led doctors to dispense and subsequently to prescribe drugs that differed from their preferred drug choice. The pharmaceutical industry gave $7.2bn (£4.8bn) worth of samples to US doctors in 1999, and No Free Lunch believes that this was a deliberate marketing ploy.

In addition to publishing the list, No Free Lunch offers a "pen amnesty" programme—doctors hand in their drug company pens and receive a No Free Lunch pen in return.

Doctors can also check their own "drug company dependence" by answering a special CAGE questionnaire (www.nofreelunch.org/cage.html), a parody of the screening tool commonly used for alcohol dependence. "Have you ever prescribed **C**elebrex? Do you get **A**nnoyed by people who complain about drug lunches and free gifts? Is there a medication lo**G**o on the pen you're using right now? Do you drink your morning **E**ye-opener out of a Lipitor coffee mug?"

Bob Goodman, the director of No Free Lunch, hopes that the group will help to change a medical culture that sees taking gifts from drug representatives as "an entitlement." □

No Free Lunch's logo (above) will appear on their pens